

4 qualities women leaders in medicine need to succeed

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Last year, the number of women enrolled in medical school surpassed that of their male colleagues—a significant milestone belied by persistent gender disparities in pay and leadership opportunities. Less than 20 percent of hospital CEOs, medical school deans or department heads in the U.S. are women.

Two women who have come far in medicine—AMA President Barbara L. McAneny, MD, and AMA President-elect Patrice A. Harris, MD—recently participated in an intimate discussion in which they outlined the qualities female medical leaders need to succeed and the changes that need to happen industrywide.

The event helped kick off Women in Medicine Month, which happens each September. All month long, the AMA Women Physicians Section will honor physicians who have offered their time, wisdom and support to advance women with careers in medicine.

Authenticity. Early on, female physicians might look to others for guidance as role models, especially during a time when their confidence is shaken. But they should never let a rough patch undermine their resolve.

“We can learn from others, but at the end of the day you have to be authentic,” said Dr. Harris, a psychiatrist from Atlanta. “You have to be absolutely true to yourself.”

She also said it is common for physicians to, at some point, doubt their path or decisions. But, Dr. Harris advised, if they feel right for you, they end up being the right thing to do.

Persistence. Women physicians should also be willing to stand in a lonely place—a position that leaders can find themselves in.

“You may be saying things and speaking truths that others are not ready to hear,” Dr. Harris said. “If you remain true to yourself and always speak with integrity, there is always a path forward.”

Female physicians should be prepared, read everything, do their homework and take notes, said Dr. McAneny, an oncologist from New Mexico. By mastering the subject at hand, they will be more effective in reaching their goals for a meeting or a project.

Honesty. It is important to always tell the truth, especially to those in positions of power, Dr. McAneny said.

“Those are uncomfortable truths and people don’t want to hear them and they don’t want to think about the other side of that particular issue, but that is key,” she said.

Female physicians should also be mindful of their reputations as aspiring leaders. “Don’t do anything you wouldn’t want to see on the front page of *The New York Times*,” she said.

Generosity. Dr. McAneny also recommended physicians watch out for signs of leadership in others around them—whether they’re in a meeting or out in the workplace.

“Acknowledge when people come up with those good ideas. That will build the confidence of the younger people on the board or committee, as well as women or minorities,” she said. “We need to retrain ourselves to do those things.”

When a woman shares an idea in a meeting, it often gets brushed aside, Dr. McAneny noted. But if a man shares the same idea, many will nod along or applaud in approval.

“Listen to every idea with your eyes closed, as if you’re not seeing who is saying it,” she said. “That way you can think of the idea as an abstract—not as a ‘she said this.’”

Call for systemic approach

With women facing gender bias and being offered fewer leadership opportunities, Dr. Harris recommended starting systemically.

“We have these conversations—and it is appropriate for women to give advice, tips and tools of the trade—but if you really want to tackle this problem you have to look at it systemically,” she said. “It’s that internal review that every organization has to do.”

Having the data can help pinpoint what needs to change within a system or organization, she said.

The AMA has adopted comprehensive policy designed to advance gender equity in medicine. Among other things, the AMA advocates:

- | Institutional, departmental and practice policies that promote transparency in defining the criteria for initial and subsequent physician compensation.
- | Pay structures based on objective, gender-neutral criteria.
- | A specified approach, sufficient to identify gender disparity, to oversight of compensation models, metrics and actual total compensation for all employed physicians.

For Dr. McAneny, as managing partner of a physician-owned multidisciplinary cancer center, employing female physicians has been a matter of finding the best qualified candidates. The heir to managing her practice is an African-American female oncologist, and her chief operating and chief financial officers are also women.

“We need to start, as women, to recognize that we can structure the workforce and workplace in a way that is more conducive to the way we live and work,” she said. “It’s time for us to adapt as an industry. I see no reason why health care cannot or should not be the leaders in this.”

“If we can show that we can adapt to the changing face of health care, then we can show other industries that they can do the same thing,” she added.

Show your support for Women in Medicine in September by posting photos of yourself at work or in the classroom using the hashtag #WIMMonth.